## CRIMINAL DOCKET UNITED STATES DISTRICT COURT

(AEB-J) e

UNITED STATES DISTRICT COURT D. C. Form No. 100A Rev. TITLE OF CASE ATTORNEYS THE UNITED STATES For U. S.: vs. Hubert H. Bryant Ernest Leslie For Defendant: Ed Goodwin (Ct. Appt.) 1417 N. Greenwood Tulsa, Oklahoma NAME OR RECEIPT NO. STATISTICAL RECORD COSTS DATE REC. DISB.

|                 | 6-30-68            | Clerk      |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|-----------------|--------------------|------------|----------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| J.S. 3 mailed   | 6-30-68            | Marshal    |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Violation Liq   | uor                | Docket fee |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Title 26        |                    |            |          |  | TO THE PARTY OF TH |  |  |
| Sec. 520<br>560 | 5(a)(2)<br>4(a)(1) |            |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| DATE            |                    |            | PROCEEDI |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

|                                                                 | PROCEEDINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-25-68<br>i                                                    | Defendant present in person and represented. Defendant waives indictment, waiver approved, signed and filed in open court. Information filed, copies delivered to defendant. Defendant arraigned and enters plea of GUILTY. Defendant adjudged GUILTY as charged.                                                                                                                                                                                                                                                                                    |
|                                                                 | Judgment and Sentence- Ernest Leslie (61)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6-25-68<br>6-25-68<br>6+25-68<br>6-25-68<br>7-10-68<br>10-21-68 | Atty Gen- 18 Months.(AEB-J)h Order of J&C filed and entered. (AEB-J)h Two c.c. of above delivered to USM.h Appearance bond of the defendant in the sum of \$2,500.00 filed; surety Raymond Y. Littles. b Order specifying methods and conditions of release, filed. b Return of J&C, filed. Executed by delivering deft. to Tulsa County Jail on 6-25-68 and to U.S. Pen. at Leavenworth, Kansas, on 7-6-68.w Motion (letter) for reduction of sentence under Rule 35, filed. e Motion for reduction of sentence under Rule 35 overruled and denied. |

| DATE |   | PROCEEDINGS |
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A.O. 100 (Rev. 1-59)

## UNITED STATES COMMISSIONER

Northern DISTRICT OF Oklahoma

## RECORD OF PROCEEDINGS IN CRIMINAL CASES

|                                                                                                                                                                                                                              | CLAHOMA.                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| (Name of commissioner) $ (5205(a)(2) & 7301(e) $                                                                                                                                                                             |                                         |
| Commissioner's  Docket No Case No Case No Complaint filed on June, 19 by Nolan Complaint filed on June, 19 by Nolan Complaint filed on June, 19 by Nolan Complaint filed on June, 19 by Nolan, 19 by Nolan, 20               | violation of                            |
| division of the Northern district of Oklaho as follows: transported, possessed distilled the immediate container thereof not having affixed thereon; Using an automobile for the concealment and transportation of distilled | d spirit<br>; stamp<br>he               |
| WARRANTS OR SUMMONS ISSUED:  Date                                                                                                                                                                                            |                                         |
| to (name and title of officer) To Any U. S. Marshal or Any Authorized U.S.Officer Substance of return Arrested by: O'Neil L. Cobb.U.S.D.M.H.LED                                                                              | defendant)                              |
| Date Warrant/Summons for 16,961                                                                                                                                                                                              | *************************************** |
| to (name and title of officer)                                                                                                                                                                                               | f defendant)                            |
| PROCEEDINGS ON FIRST PRESENTATION OF ACCUSED TO COMMISSIONER: Ballengery II & District                                                                                                                                       |                                         |
| PROCEEDINGS ON FIRST PRESENTATION OF ACCUSED TO COMMISSIONER:  Date June 5, 1968 Arrested by O'Neil L.Cobb  U.S. Commissioner:  (for United States.                                                                          | Burtallen.<br>suing officer)            |
| Appearances (Name) (Address)  for accused                                                                                                                                                                                    |                                         |
| (Name) (Addrags)                                                                                                                                                                                                             | 9                                       |
| Proceedings taken Above defendant presented, advised of charge filed ag him, his right to counsel and a preliminary hearing. Counsel was Wa                                                                                  | ainst<br>int prepared,"<br>ived for     |
| if arrest is without warrant: "defendant informed of complaint and right to retain counsel and preliminary hearing": "preliminary examing the purpose of this hearing and Waiver signed, preliminary hearing a               | ition waived,"                          |
| if that is the fact; any adjournments taken, etc. Waived. Bond fixed at \$2,500.00. Upon failure to post bond he was                                                                                                         |                                         |
| remanded to custody of U.S.Marshal.                                                                                                                                                                                          |                                         |
| 6-5-68: This date def't. posted bond and released.                                                                                                                                                                           |                                         |
| ·                                                                                                                                                                                                                            | •••••••                                 |
| Outcome Held for Court Action.                                                                                                                                                                                               |                                         |
| Bail fixed 6-5-68 , 19 Amount, \$2,500.00 Bonded 6-5-68 , 19 deposited by (name) Address                                                                                                                                     |                                         |
| transmitted to clerk of district court                                                                                                                                                                                       | rl by surety                            |
| (name) Address 2410 N. Chaker. Tulsa.() (name) Address FI 5-87 justified by affidavit dated 6-5-68, 19, [or] committed to U.S. Marshal                                                                                       | kla,                                    |

|                                                                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | United States Co                        | mmissioner.        |
|-----------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|
|                                                                                         | / Lug              | imin B. U.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ballery-                                |                    |
| Transmitted to Clerk of United States District Co                                       | June, June         | 6th , 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | ~ **************** |
| Certified to be a correct transcript.  Made thisday of                                  | , 19 <u>68</u>     | Northern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                    |
| on                                                                                      |                    | A second of the |                                         |                    |
| who justified by affidavit, 19                                                          | Committed          | to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ***********                             | ****               |
| and                                                                                     | Address            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                       |                    |
| [or] by surety (names)                                                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
| deposited by (name)transmitted to clerk of district court                               |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
| Bail fixed , 19 Amount, \$                                                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
| Outcome                                                                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
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| Witness payroll containing names certified Proceedings taken                            | to United State    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ment                                    | , 19               |
|                                                                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
| WITNESSES FOR UNITED STATES: (List names and addresses)                                 |                    | es for Accused:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (List names and a                       | ddresses)          |
| DateAppearances for                                                                     | Accused            | (Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                    |
| PRELIMINARY EXAMINATION: (Not to be used if case was disposed of at first presentation) | United States      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
| at request of (name of party)                                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
| Substance of return, 19, for (name of witness                                           | *********          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *******************                     |                    |
| at request of (name of party)                                                           | 5)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |
| at request of (name of party)  Substance of return                                      | ****************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *************                           |                    |
| , 19, for (name of witness                                                              | 3)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ************                            |                    |